INDIANA DEPARTMENT OF COMMERCE PRECOMMIT GUIDELINES & REQUIREMENTS:

Date:		Project ID:	Project ID:				
Company Name:		Address:	Address:				
Company/Consultant C	Contact:	City:	State:				
Phone:		Zip:					
FAX:		E-mail:					
Capital Investment: Land: Building: Equipment: Total:	\$ \$ \$	Type of Project: (check one) New: Expansion:					
i otai:	Φ						

Job Information:

1) New Jobs

# FT Jobs	Job Title	Skill Level	Workers Compensation Code	Base Wages W/O Fringes	Base Wages W/ Fringes	Ave. Hourly Wage at 2 Years W/O Fringes	Ave. Hourly Wage at 2 Years W/ Fringes	Ave. Hourly Wage at Full Employment W/O Fringes	Ave. Hourly Wage at Full Employment W/ Fringes
				\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$	\$

2) Retrains

			Workers	Ave. Hourly Wage	Ave. Hourly
#FT			Compensation	W/O Fringes	Wage With
Jobs	Job Title	Skill Level	Code		Fringes
				\$	\$

			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
C	by the Business D		ect Manager:		
Describe the cond	litions requiring a p	ore-commit and the	timetable for b	ooth those conditio	ons and the pre-commit.
Attach a descripti	on of the company	's product and a su	mmary of the p	roject.	
1 3	require EDGE calcunis project? Provide	• • •			imputation form. What states are being considered as
To be completed	for infrastructure	e projects:			
Attach a descripti	on of infrastructure	e needs (sewer, wat	ter, road is not	sufficient) and a co	ost breakdown of each.
Attach a descripti funds?	on of the local par	ticipation. Who w	ill pay (city/cou	inty)? How much	will they contribute to the project? What is the source of
Attach a map of the	he site / site plan.				
To be completed List the anticipate	for training proje				

List the approximate training budget, if available.	